Effective October 1, 2001													
CLAIMS AS FILED - PART (Column 1)						(Column 2)		SMALL ENTITY TYPE			OR	OTHER THAN	
TOTAL CLAIMS			34					PAT		FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	ΈE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			39 minus 20=		• 19			X\$ 9	=		OR	X\$18=	342
INDEPENDENT CLAIMS			10 minus 3 =		. 4			X42			OR	X84=	SSS 52
MULTIPLE DEPENDENT CLAIM PRESENT					. 0			+140	П		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	IL.		OR	TOTAL	1670-
OTHER											OTHER SMALL		
1	1 80 14 (Column 1) (Column 2) (Column 3)							SMA			Un 		ADDI-
ITA		CLAIMS REMAINING AFTER		NUA	MBER OUSLY FOR	PRESENT EXTRA		FAT	Ε	ADDI- TIONAL FEE		RATE	TIONAL FEE
AMENDMENT A	Total	AMENDMENT 20	Minus	• , 7	301	•	1	X\$ 9) <u>=</u>		ÓR	X\$ [6-	
MEN	Independent	· 10'	Minus	***	10	9/]	X42	=		OR	X84=	
₹	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		j	+14)=.		OR	+280=	
									TAL		OR	TOTAL ADDIT, FEE	
ADDIT. FEE													
Ò	CAICRA	(Column 1)			umn 2) HEST	(Column :	"	_	_	ADDI-	1		ADDI-
8 1		REMAINING AFTER		PREV	MBER NOUSLY,	PRESENT EXTRA		RAT	Œ	TIONAL FEE		RATE	TIONAL FEE:
AMENDMENT B	Total	AMENDMENT	Minus	-(0	U FOR	3	1	X\$	9=		OR	X\$18=	
NEN I	Independent	. 10	Minus	***	11)	•]	X4:	<u></u> =		OF	X84=	
Z	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								. 0=		ОЯ	+280=	
								ADDIT.	TAL		OF	ADDIT. FEE	
									PEE		-	אליייייייייייייייייייייייייייייייייייי	
<u></u>		(Column 1) CLAIMS			umn 2) HEST	(Column	Ť		_	ADDI-	٦.		ADDI-
AMENDMENT C		REMAINING AFTER		AR. PRE	MBER VIOUSLY	PRESENT EXTRA		RA	TE	TIONAL		RATE	TIONAL FEE
	Total	AMENDMENT	Minus	PA ***	ID FOR	-	1	X\$	9=	1	OF	X\$18=	
	independent	•	Minus			-		X4		1	1	Y94-	1
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	<u> </u>		 		`	
卜								+14			OF		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20." * ADDIT. FEE ** ADDIT. FEE													
:	of the "Highest N" "If the "Highest N" "The "Highest Nu	umber Previously miber Previously	Paid For IN Ti Paid For (Total	dis SPAC or Indepe	E is less t endent) is l	han 3, enter t he highest nu	niber				oox in	column 1.	

Application or Docket Number